

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 06730.0011.NPUS00
<div style="border: 1px solid black; padding: 2px; margin: 2px 0;">In re Application of DANIELSSON, Mats</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;"><div style="display: flex; justify-content: space-between;"><span>Application Number 09/682,540</span><span>Filed 09/17/2001</span></div></div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">For DEVICE AND METHOD RELATED TO X-RAY IMAGING</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;"><div style="display: flex; justify-content: space-between;"><span>Group Art Unit 2882</span><span>Examiner SONG, Hoon</span></div></div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</div><div>\$ <u>225.00</u></div></div><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</div><div>\$ _____</div></div><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</div><div>\$ _____</div></div></div> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>225.00</u> .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1437</u> .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <div style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</div> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <div style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</div> <div style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</div> <p style="margin-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____ .</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div><div style="margin-top: 5px;">Date</div></div><div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div><div style="margin-top: 5px;">Signature</div><div style="margin-top: 5px;">Tracy W. Druce</div><div style="margin-top: 5px;">Typed or printed name</div></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</div>		